

SECTION V.6. **Initiating Services Procedures**

A. Home-Based and ERC Setting

1. The **case manager** shall arrange and coordinate the initiation of services.
2. If the **case manager** and **provider(s)** believe that the applicant meets Choices for Care (CFC), Long-Term Care Medicaid financial eligibility criteria, services may start immediately after the Department of Disabilities, Aging and Independent Living (DAIL) “Clinical Certification” is made, with a mutual agreement between the provider and the individual or legal representative concerning payment for services rendered prior to final Department for Children and Families (DCF) approval.
3. Individuals shall be informed by the **case manager** that, by starting services in advance of final CFC eligibility determination, the individual will be liable for payment of services provided if they are subsequently found financially ineligible for CFC services.
4. In the event that there is a question regarding the individual’s potential CFC financial eligibility, **the provider** may delay the initiation of CFC services until the DCF has determined CFC financial eligibility and DAIL has authorized the Service Plan.
5. **The provider** shall not bill the State for CFC services provided until DCF has approved financial eligibility and DAIL has authorized the CFC Service Plan.
6. If DCF determines the individual does not meet the financial eligibility criteria for CFC services, **the provider** may bill the individual for services provided, as long as the services provided are not reimbursable under other applicable insurance options (e.g. Medicare or private insurance).

B. Nursing Facility Setting

1. If the **nursing facility provider** believes that the applicant may meet CFC, Long-Term Care Medicaid financial eligibility criteria, services may start immediately after the Department of Disabilities, Aging and Independent Living (DAIL) “Clinical Certification” is made, with a mutual agreement between the provider and the individual or legal representative.
2. The **nursing facility provider** shall inform individuals that, by starting services in advance of final CFC eligibility determination, the individual will be liable for payment of services provided if they are subsequently found financially ineligible for CFC services.
3. In the event that there is a question regarding the individual’s potential CFC financial eligibility, the **nursing facility provider** may delay the initiation of CFC services until the Department for Children and Families (DCF) has determined CFC financial eligibility and DAIL has authorized the Service Plan.

4. The **nursing facility provider** may not bill the State for CFC services provided until DCF has approved financial eligibility and DAIL has authorized the CFC Service Plan.
5. If DCF determines the individual does not meet the financial eligibility criteria for CFC services, the **nursing facility provider** may bill the individual for services provided as long as the services provided are not reimbursable under other applicable insurance options (e.g. Medicare or private insurance).